

CLAIMS ONLY							Application Number 101999483	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51	
2							52	
3	/						53	
4	/						54	
5							55	
6	/						56	
7							57	
8	/						58	
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43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	20
Total Depend							Total Depend	16
Total Claims							Total Claims	36